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July 11, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **DEPARTMENT OF HEALTH SERVICES (DHS)
HOMELESS PATIENT DISCHARGES**

This is to provide you with the second quarterly update on activities related to the discharge of homeless patients from DHS hospitals.

In the correspondence dated February 28, 2006, the Department committed to the following:

- 1) Work with the Department of Public Social Services (DPSS) to implement a pilot project out-stationing eligibility workers at DHS Hospitals if the Board approved this recommendation in the Homeless Prevention Initiative, and
- 2) Develop and implement a standardized policy within all of DHS inpatient facilities by July 1, 2006, that will outline the expected discharge planning activities to be conducted on behalf of homeless or unstably housed patients.

DPSS Eligibility Workers at DHS Medical Centers

DHS has been meeting regularly with DPSS to implement the steps required to out-station DPSS eligibility workers at DHS Hospitals to take General Relief, CalWORKS, and Food Stamp applications. Due to the need for renovations to the workspace that was identified for the DPSS staff, the original start date of July 1, 2006 has been changed to July 25, 2006.

Policies for Patient Discharges

DHS has finalized the Discharge Planning Protocols and Procedures for Department of Health Services' Homeless or Unstably Housed Patients, which is a comprehensive standardized discharge policy for all inpatient facilities, and outlines the expected discharge planning activities to be conducted on behalf of homeless or unstably housed patients. This protocol was implemented on July 1, 2006.

In addition to the above-referenced efforts, DHS has developed the following strategies to enhance both our discharge planning activities and resources of available and appropriate housing opportunities for our homeless or unstably housed patients.

Discharge Planning Training for DHS Staff

In May 2006, Homeless Healthcare of Los Angeles was awarded a grant by the Kaiser Permanente Community Benefit Division to provide ongoing training to DHS and Kaiser Permanente discharge planning staff that will focus on a) how to assess and respond to the particular needs of homeless patients, and b) how to link homeless patients to available resources that should be accessed within a comprehensive set of services. The first two months of the grant will entail the development of a training curriculum. As such, the anticipated start date of the trainings will be sometime in early fall.

Access to Housing for Health (AHH)

The Community Development Commission (CDC) has initiated a partnership with DHS through a Memorandum of Understanding for the provision of fifty Section 8 vouchers and fifteen public housing units for homeless, chronically ill, physically disabled or frequent users of DHS services. In addition, CDC was able to obtain commitment for an additional fifty Section 8 vouchers from the City of Los Angeles on behalf of DHS. These resources will provide DHS with a total of one hundred housing vouchers and fifteen public housing units. Subsequently, on June 26, 2006, your Board passed a motion supporting AHH, a pilot project that will provide temporary motel vouchers, first and last months rent, housing location services, case management and administrative costs for DHS patients who are eligible for one of the housing vouchers or public housing units. In addition, to providing the supportive services needed for the DHS patients who will be accessing these housing resources; AHH will allow DHS an opportunity to develop the infrastructure to support direct linkages to housing. My staff is currently working on a report for submission to the Board on July 14, 2006 that will delineate a time-line, budget detail and program description.

DHS is also working with the Hospital Association of Southern California and Kaiser Permanente to increase the number of recuperative care beds that currently exist in Los Angeles County. Recuperative care provides homeless individuals with a shelter bed and some minimal health oversight for any issues that could ordinarily be managed at home by a caregiver. Currently, there are 40 such beds in the Skid Row area, which is simply not enough for the demand both DHS and private hospitals have for such services. This increase will significantly improve our ability to discharge homeless patients to an appropriate level of care, as opposed to maintaining them in the hospital when acute care is no longer needed.

If you have any questions or need further information, please let me know.

BAC:lb
511:020

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors